

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09785580	FILING DATE 02/16/01	APPLICANT(S)				
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5	1		1				55						
6		1		1			56						
7	1		1				57						
8		1		1			58						
9	1		1				59						
10		1		1			60						
11	1		1				61						
12		1		1			62						
13	1		1				63						
14		1		1			64						
15	1		1				65						
16		1		1			66						
17	1		1				67						
18		1		1			68						
19	1		1				69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13	↓	14	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	9	↓	8	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	22		22				TOTAL CLAIMS						